



# Iowa Department of Human Services

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## Iowa Mental Health and Disability Services Commission

### 2013 RECOMMENDATIONS FOR CHANGES IN IOWA LAW

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For more than two years the Iowa General Assembly has worked with state agencies and stakeholders throughout the State to develop a redesigned and comprehensive system of mental health and disability services that is consistent with the principles and goals of the Olmstead Supreme Court Decision and The Iowa Department of Human Services Olmstead Plan. Major pieces of policy legislation were enacted in 2012; funding to support implementation of the redesigned system is a priority for the 2013 session. Mental health and disability services in many areas of the State are facing an immediate and serious funding crisis. It is critical that as Iowa shifts from legal settlement to residency and a new per capita levy rate formula, Iowans are protected from cuts in needed services and supports. Our recommendations fall under three main priority areas: Implementation of System Redesign, Appropriate and Stable Funding, and Workforce Capacity.

#### 1. CONTINUE IMPLEMENTATION OF SYSTEM REDESIGN

**Move forward with implementation of a comprehensive system of mental health and disability services that is consistent with the principles and goals of the Olmstead Supreme Court Decision and the Iowa DHS Olmstead Plan.**

- Provide guidance and technical assistance to regions and providers throughout the transition
- Take advantage of opportunities associated with the Patient Protection and Affordable Care Act to strengthen service capacity
- Pursue changes to Iowa Code Chapters 125, 222, and 229 recommended by the Judicial Workgroup to streamline Iowa's commitment laws
- Establish consistent statewide access to pre-commitment screenings
- Address statewide transportation for commitments
- Provide consistent alternatives to commitment statewide, including:
  - Statewide access to crisis stabilization services and sub-acute care
  - Statewide access to Assertive Community Treatment
  - Statewide access to jail diversion programs and special needs courts
- Ensure that revisions to Iowa Code Chapter 230A support the intended legislative goals of strengthening the existing safety net of community mental health services and providers and are compatible with full implementation of the service provisions of the Patient Protection and Affordable Care Act
- Emphasize the ability of all providers to support co-occurring or multi-occurring disorders for all populations, including individuals with developmental disabilities or brain injuries
- Establish a system transformation timeline with measurable short and long term goals and objectives

## 2. PROVIDE APPROPRIATE AND STABLE FUNDING

**Adopt a stable funding structure for mental health and disability services that is appropriate to enhance the current level of services in the short term, that supports goals for completing system redesign within five to seven years, and that strengthens the system and supports growth over time.**

- Maximize the use of available CHIP (Children's Health Insurance Program) funds and/or appropriate other State funding to:
  - Provide sufficient and appropriate funding to support counties in the transition to regional management
  - Provide sufficient and appropriate funding to support counties in the transition from legal settlement eligibility to residency eligibility
  - Provide sufficient and appropriate funding to prevent service cuts to non-Medicaid services and address waiting lists during the transition
- Review and evaluate the impact of the new per capita levy formula for adequacy
- Establish an enhanced and stable long-term funding formula for the redesigned mental health and disability services system that:
  - is available to all counties/regions in an equitable manner,
  - supports their service responsibilities to residents, and
  - is predictable and sufficient to enable them to engage in long-term planning
- Set provider reimbursement rates that maintain and build community capacity and strengthen the ability of safety net providers (including community mental health centers and substance abuse agencies) to grow and offer services that align with the Patient Protection and Affordable Care Act and meet the complex needs of the individuals served by the system
- Take advantage of federal funding opportunities pursuant to the Patient Protection and Affordable Care Act:
  - Support expansion of Iowa Medicaid eligibility to individuals whose income falls below 133 percent of the federal poverty line
- Provide for client and family participation in establishing the expanded Medicaid basic benefits package and the benefits packages for the Iowa insurance exchange
- Support funding for the expansion of the current level of non-Medicaid services to include Expanded Core Services domains as identified in Senate File 2315:
  - Comprehensive crisis response (including 24-hour crisis hotline, mobile response, and crisis residential services)
  - Sub-acute services (including facility and community based service options)
  - Justice involved services (including jail diversion, civil commitment prescreening, and crisis intervention training for law enforcement)
  - Evidence based practices (including positive behavior supports, assertive community treatment, peer support services, recovery centers)

## 3. BUILD WORKFORCE CAPACITY

**Enhance access to quality mental health and disability services by expanding the availability, knowledge, and skills of professionals, paraprofessionals, and direct support workers as an essential element in building community capacity.**

- Require state and regional cost settlement reimbursement methodologies to designate training and education costs as direct costs, allowable as a reimbursable expense

- Support statewide training and technical assistance that will assist providers in attaining the skills to capably address co-occurring and multi-occurring conditions
- Support the training of more mental health peer support specialists utilizing nationally reviewed and accepted curricula based on service delivery models and support the increased utilization of peer support services
- Align standards to remove existing barriers to the cross-training and credentialing of mental health and substance abuse treatment professionals
- Align credentialing, accreditation, and licensing standards to allow for effective transition of providers and agencies to prepare for and provide services in an integrated manner to individuals with multiple disorders, diagnoses, and/or conditions, and to better align with the Patient Protection and Affordable Care Act
- Implement incentive programs to recruit, retain, and train mental health and disability services professionals and paraprofessionals
  - Provide incentives for psychiatrists, ARNPs, and other mental health professionals trained in Iowa to stay and practice here
  - Consider special incentives for Iowa residents to train and stay in Iowa
- Establish a statewide credentialing and career path program for direct support professionals utilizing nationally reviewed and accepted curricula based on service delivery models that includes flexibility for part-time workers
- Utilize technology, such as telemedicine, to increase access to psychiatric and/or specialty services
- Address inpatient capacity issues by developing a statewide plan to facilitate access to in-patient hospital beds, including use of out of state beds when geographically preferable for border counties/regions
- Strengthen mental illness education requirements for law enforcement officials
- Provide pre-service and continuing mental illness education for first responders, health care professionals, attorneys, judges, and educators